



CLIENT INFORMATION

Client Name _____
 Street Address _____
 City, State, Zip _____
 Phone Number _____
 Email Address _____
 State ID Number _____
 Names of Adults in Household: _____

Our community partners require income verification. Please include a copy of either a Medicaid/Medicare or EBT card with the client's name on it for verification purposes to receive services

Contact Preference: CALL TEXT EMAIL

PET INFORMATION

Pet Name _____
 Year of Birth _____
 Adoption Date _____
 Species (check one) DOG CAT
 Breed _____
 Color / Markings _____
 Weight _____
 Microchip Number _____
 Microchip Brand _____
 Spayed/Neutered? YES NO
 License Number _____
 License Expiration _____



VETERINARY MEDICINE INFORMATION

| | |
|-------------------------|-------------------------|
| Veterinarian Name _____ | Allergies _____ |
| Street Address _____ | Diet Restrictions _____ |
| City, State, Zip _____ | Any Medical _____ |
| Phone _____ | Concerns? _____ |
| Fax _____ | _____ |
| Email _____ | _____ |

LAST VACCINATION DATES

CANINE VACCINES

Rabies _____
 DHPP _____
 Bordetella _____
 Leptospirosis _____
 Lyme _____
 Canine Influenza _____

FELINE VACCINES

Rabies _____
 FVRCP _____
 Bordetella _____
 FeLV _____

Please fill out all information as completely as possible. If no vaccination or veterinary records are available, we will work with you to get companion animals up to date on routine veterinary care and licensing.